



EMPLOYER ADVISORY COUNCIL MEMBERSHIP APPLICATION

☐ New

☐ Renewal

Date _____

PLEASE COMPLETE ALL INFORMATION AND RETURN TO YOUR LOCAL EAC

Membership Name _____

Contact Person _____ Title _____

Address _____

City _____ ZIP _____

Type of Business _____

Telephone _____ FAX _____ No. of Employees _____

E-Mail _____

Years in Business _____ Would you be willing to serve on a committee? _____

Type of Entity ☐ Profit ☐ Nonprofit ☐ Governmental Agency

How did you hear about the EAC? _____

EAC dues are paid annually. Amount _____

Please make checks payable to: _____

Mail to: _____

The information given above is strictly confidential, for the exclusive use of the Employment Development Department, the Employer Advisory Council, and the California Employer Advisory Council. This information may not be used for solicitation, the creation of mailing lists, or any other unauthorized use, and will not be released unless authorized by statute.

For EAC Use Only

Region Number ☐ ☐ EDD Office ☐ ☐ ☐ EAC Number ☐ ☐ ☐ Membership Number ☐ ☐ ☐ ☐ Membership Year ☐ ☐

EAC Federal Tax I.D.: _____ SIC Code # _____

Method of Payment:

Cash _____ Check # _____ Other _____ Amount \$ _____

For CEAC Use

Notification: ☐ Regional Vice President ☐ Membership Committee